



## PART B - FEE(S) TRANSMITTAL

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36802 7590 04/22/2005

PACESSETTER, INC.  
15900 VALLEY VIEW COURT  
SYLMAR, CA 91392-9221  
07/11/2005 RNEBRAH1 00000096 160068 1000033301 FC:1501 1400.00 DA  
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Estella Pineiro (Depositor's name)  
[Signature] (Signature)  
7/8/05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/000,333	10/22/2001	Lisa P. Weinberg	A01P1078	9773

TITLE OF INVENTION: IMPLANTABLE LEAD AND METHOD FOR STIMULATING THE VAGUS NERVE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	07/22/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
GETZOW, SCOTT M	3762	607-009000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE PACESSETTER, INC. (B) RESIDENCE: (CITY and STATE OR COUNTRY) 15900 Valley View Court  
Sylmar, CA 91392-9221Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 3

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-0068 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Derrick W. Reed

Date

7/8/05

Typed or printed name

Registration No.

40,138

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**TELECOPIER COVER SHEET**

July 8, 2005



<b>To: Commissioner for Patents</b>	<b>From: Estella Pineiro</b> <b>Patent Administrator</b> <b>818/493-2251</b>
<b>Attention: Mail Stop ISSUE FEE</b>	<b>ST. JUDE MEDICAL CRMD</b> 15900 Valley View Court Sylmar, California 91392-9221
<b>Telecopier: 703/746-4000</b>	<b>Telecopier: 818/362-4795</b>
<b>RE: Payment of ISSUE FEE</b> Applic. No. 10/000,333 Filed: 10/22/2001 Docket No. A01P1078	<b>Number of pages being sent:</b> <u>2</u> (including cover page)

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